

Health Department, City of Baltimore.

Permit No.

98563

Office of Registrar of Vital Statistics.

Ward

3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 11/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Snyder

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

(Years,

(Months,

9 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Bald City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

9 S. Canal St,

Cause of Death,

{ First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

March 13th

{ Undertaker,

Fred Goede

{ Place of Business,

108 S. Caroline

Address,

129 O Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98564

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Leisner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

37 Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany about 40 yrs.

Duration of Residence in the City of Baltimore,

About 40 yrs

Place of Death, { Give Street and Number. }

19 Poultny St.

Cause of Death, { First (Primary), }

Paralysis

{ Second (Immediate), }

Dropsy

Duration of Last Sickness,

17 yrs Paralyzed - Dropsy 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Western Cemetery~~

Date of Burial, May 14

Undertaker, Henry Brice

Robert S. Lowe M. D.

Medical Attendant.

Place of Business, Henrietta N. 112

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *98565*

Office of Registrar of Vital Statistics.

Ward *5*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *February 12 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Samuel R Kirby*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *42* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Painter*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give Street and Number. } *# 132 Chesapeake St*

Cause of Death, { First (Primary), Second (Immediate), } *Phthis Pulmonalis*

Duration of Last Sickness, *12 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount.*

Date of Burial, *March 14 1887*

{ Undertaker, *Wm. H. Hickman* M. D. *Edw. Rutledge* Medical Attendant.

{ Place of Business, *234 W. Gay St.* Address, *413 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9856 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 Mch 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Peter O'Neill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 2 Months, 16 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md Usa

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 83 (old no.) Cambridge St

Cause of Death, { First (Primary), Second (Immediate), } Laryngeal Diphtheria
Heart Failure.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Ave

Date of Burial, March 13 1884

H. Sander V. Jon B. Leonard M. D.
{ Undertaker, Medical Attendant. }

Capitol Ave Address, 314 Balt. St.
{ Place of Business, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98567

Office of Registrar of Vital Statistics.

Ward

1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

March 11th 1884

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Ely.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

38

Years,

4

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

U.S.A.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

22 Harris Alley

Cause of Death,

{ First (Primary),

Second (Immediate),

Miscellaneous -
Post Partum Hemorrhage

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

1st Evangelical am

Date of Burial,

March 13th 1884

E. D. Williams M. D.

{ Undertaker,

H. Sander & Son

{ New Nos. 1708 & 1710

{ Place of Business,

Carton Ave.

Address,

2826 Elm St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98568 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 11. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Jane Curran

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, house

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, sixty-five yrs

Place of Death, { Give Street and Number. } 229 N. Liberty St

Cause of Death, { First (Primary), Second (Immediate), } Acute indigestion
Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th 1887

{ Undertaker, Stewart & Mowen } G. G. Luck M. D.

{ 35 Ark ave & Mt Royal } Medical Attendant.

{ Place of Business, Boundary ave } Address, 2000 E. Bell St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No.

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~.

{ Cross out the word not }
{ required in this line. }

Age,

2

Years,

9

Months.

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not
{ required in this line.

Occupation,

Birth Place,

{ State or country, and how }
 { long in the United States, }
 { if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and }
 Number.

Cause of Death,

First (Primary),

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Mar 14th 1887

(Undertaker,

St. Mary's

(*Place of Business,*

1408 Term

Address.

1400

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98570 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 / 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel C. Young

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 Years, 11 Months, 3 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 23 S. Biddle

Cause of Death, { First (Primary), Second (Immediate), } Granulation

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th / 1887

Undertaker, William Dwyer G. F. Taylor M. D.

Place of Business, 100 East St Address, 728 N. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98571

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Regina Storck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 66 Years, Months, Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 83 Sharp St

Cause of Death, { First (Primary), Ovarian Tumors
Second (Immediate), Dropsy

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Loyd Cemetery

Date of Burial, March 13

Undertaker, Jacob Sherris

Place of Business, 62 W. Baltimore St Address, A. A. Thudold M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98572

Office of Registrar of Vital Statistics.

Ward

6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday March 11th 1887

Full Name of Deceased, Margaret E. Brown (Col)

Sex, Male or Female, Female

Age, 86 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, Widow

Occupation, _____

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, 115 N. Spring St.

Cause of Death, Phthisis Pulmonalis

Duration of Last Sickness, Exhaustion

Duration of Last Sickness, Six months

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1887

Undertaker, J. J. Locks

Place of Business, 1421 Jefferson

Medical Attendant, Wahner D. M. D.

Address, Chas St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]